Scarcity of health personnel

2650. DR. VIJAY MALLYA:
SHRI RAJEEV SHUKLA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether according to the Planning Commission's estimate the country is facing a crunch of trained healthcare personnel;

(b) if so, what is the total requirement and availability of healthcare personnel including doctors in the Indian System of Medicines and the percentage of availability thereon;

(c) what are the reasons for the short availability of healthcare personnel, particularly in rural areas; and

(d) what steps are proposed to be taken to provide full complement of healthcare personnel across the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. According to approach paper for the Eleventh Five Year Plan, at present our healthcare system suffers from a severe shortage of trained personnel. Across States 6-30% posts of doctors remain vacant.

As per the exercise undertaken by the Confederation of Indian Industries in collaboration with Planning Commission the potential employment in health sector in 2010 has been assessed as 2602440 as against 1250000 in 2004 indicting a potential addition of 13.5 lakh personnel.

(c) The reasons for short availability are varied and include *inter-alia*:—

- Delays in recruitment
- Inappropriate personnel policy
- Lack of basic amenities and incentives for working in the rural areas.

(d) Under NRHM, an additional ANM is being provided to all sub centres functioning in the country as per 2001 Census to supplement the existing staff. A number of steps have been taken by various State Governments to ensure services of doctors in rural areas such as:

- Compulsory rural area posting for admission to post-graduate courses and as a pre-requisite for promotion, foreign assignment or training abroad.
- Compulsory rotation of doctors on completion of prescribed tenure as per classification of locations.
- Contractual appointment of doctors.
- Option to forgo non-practicing allowance and undertake practice without compromising on assigned duties, as per the service rules, offering incentive in form of allowance etc.

A Task Force under NRHM has also made recommendations for supplementing healthcare personnel in rural areas.

Spending under NRHM

†2651. SHRI RAJNITI PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the amount spent on National Rural Health Mission so far since its inception, State-wise;

(b) the details of the amount spent, item-wise;

(c) whether the said scheme has succeeded in fulfilling the desire of Government to provide cheap and easily accessible health facility in remote rural areas; and

(d) the progress made so far with regard to implementation of said scheme in backward States in regard to health sector such as Bihar?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Till 31.10.2006, an amount of Rs. 9083 crore has been released under NRHM. The State-wise breaking may be seen as Statement (*See* below).

(c) and (d) Yes, Sir. NRHM was launched all over the country on 12th April, 2005. The Mission aims at providing integrated comprehensive and effective healthcare to poor, vulnerable sections of the society. Since its launch, State and District Health Missions have been constituted in all

†Original notice of the question was received in Hindi.